



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA - 2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER			
1. IS THIS AN AMENDMENT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - If YES, please enter the file number in this box 4023			
SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.			
2. Full name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name Indiana Academy of Family Physicians Political Action Committee			3. Acronym or Abbreviated Name (if any) IAFP - PAC
4. Mailing Address <input type="checkbox"/> Check if this is a new address 55 Monument Circle, suite 400			5. E-mail address (Optional)
6. City Indianapolis	State IN	Zip Code 46204	7. FAX (Optional)
8. Telephone (317) 237-4237		9. Committee Organization Date (MM-DD-YY) 01/05/1996	
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. State the purpose of the committee and on which issues the committee expects to focus.			
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.		14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.			
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson H. CLIFTON KNIGHT			17. E-mail address (Optional)
18. Mailing Address <input type="checkbox"/> Check if this is a new address 4847 SOUTH HIGH SCHOOL ROAD INDIANAPOLIS IN 46221			19. Telephone (Day) (317) 355-5913
20. Telephone (Evening) (317) 577-1464			
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer Kevin P. Speer			22. E-mail address (Optional) kpspeer@stvincent.org
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8425 Harcourt Road INDIANAPOLIS IN 46260			24. Telephone (Day) (317) 338-7007
25. Telephone (Evening) (317) 285-8818			
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian			27. E-mail address (Optional)
28. Mailing Address <input type="checkbox"/> Check if this is a new address			29. Telephone (Day)
30. Telephone (Evening)			
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) N/A			
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)			
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer Kevin P. Speer	Signature of the Committee Chairperson Signature Included
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)			
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY Confirm Nbr: 10202 Filed: 4/4/2007 2:28:04PM
34. Typed or printed name of Treasurer Kevin P. Speer	Signature of Treasurer Signature Included	Date (MM-DD-YY) 04/02/2007	
SECTION D. CERTIFICATION OF STATEMENT			
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.			
35. Typed or printed name of Chairperson H. CLIFTON KNIGHT	Signature of Chairperson Signature Included	Date (MM-DD-YY) 04/02/2007	
<small>Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, and 3-9-4-18).</small>			